

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-5483

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | SERIAL NO. | FILING DATE | | | |
|--|----------|------|------------------------|------|------------------------|--------------|--------------|------|------|------|
| | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | | 51 | | | |
| 2 | / | | / | | | | 52 | | | |
| 3 | / | | / | | | | 53 | | | |
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| 7 | / | | / | | | | 57 | | | |
| 8 | | 7 | | 7 | | | 58 | | | |
| 9 | / | | / | | | | 59 | | | |
| 10 | (1) | | (1) | | | | 60 | | | |
| 11 | (1) | | (1) | | | | 61 | | | |
| 12 | / | | / | | | | 62 | | | |
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| 50 | | | | | | | 100 | | | |
| TOTAL IND. | | | 9 | | | | TOTAL IND. | | | |
| TOTAL DEP. | | ↓ | 9 | ↓ | | ↓ | TOTAL DEP. | | ↓ | ↓ |
| TOTAL CLAIMS | | | 18 | | | | TOTAL CLAIMS | | | |